

**SUPREME COURT OF PENNSYLVANIA**  
**STATEMENT OF FINANCIAL INTEREST**

**Judicial Officers**

"All Statements of Financial Interest filed shall be made available for public inspection and copying during regular office hours."  
 In Re: Financial Disclosure and Reporting Requirements for Judicial Officers, No. 47 Jud. Admin. Docket No. 1 (April 13, 1984).

**RECEIVED**  
**MAY 02 2012**

**Part A**

**INSTRUCTIONS:** Complete entire form. Please type or print. Attach additional 8 1/2" x 11" sheets if necessary and indicate each item by number.

1	Last Name <b>DOUGHERTY</b>	First Name <b>KEVIN</b>	Middle Initial <b>M.</b>	2	County Name (OFFICE ONLY) <b>PHILADELPHIA</b>
3	Street Address (OFFICE ONLY) <b>1801 VINE STREET, ROOM 314</b>				
4	City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19103</b>	Telephone (OFFICE ONLY) <b>(215) 686-7971</b>	
5	Judicial Officers				

Supreme	<input type="checkbox"/>	Phila. Municipal Court	<input type="checkbox"/>	Senior Judge	<input type="checkbox"/>	Judicial Dist. No.
Superior	<input type="checkbox"/>	Phila. Traffic Court	<input type="checkbox"/>	Senior Magisterial Dist. Judge	<input type="checkbox"/>	<b>1 ST</b>
Commonwealth	<input type="checkbox"/>	Magisterial District Judge	<input type="checkbox"/>			Magisterial Dist. No.
Common Pleas	<input checked="" type="checkbox"/>					

**REMEMBER: Items 6 through 14 – All information concerns the PRIOR Calendar YEAR. NO DOLLAR AMOUNTS are required except in items 9 and 10. If answer is NONE, check the box in the correct block. Information must be included for spouse and dependent children. REFER TO INSTRUCTIONS.**

6 REAL ESTATE INTERESTS (refer to instructions): IF NONE, check this box.

7 CREDITORS: IF NONE, check this box.

Creditor <b>ATTACHED</b>	Address	Interest Rate
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8 DIRECT AND INDIRECT SOURCES OF INCOME (including, but not limited to, employers such as the Commonwealth of Pennsylvania): IF NONE, check this box.

Name <b>Commonwealth of Pennsylvania</b>	Address <b>Harrisburg, PA</b>
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**ATTACHED**

9 GIFTS: IF NONE, check this box.

Source of Gift	Address of Source of Gift
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Value of Gift	Reason for Gift
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10 TRANSPORTATION, LODGING, HOSPITALITY (refer to instructions): IF NONE, check this box.

Source (Name and Address)	Value
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11 HONORARIA: IF NONE, check this box.

12 OFFICE OR DIRECTORSHIP OR EMPLOYMENT IN ANY BUSINESS: IF NONE, check this box.

Business Entity	Position Held
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13 FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT: IF NONE, check this box.

Name and Address of Business	Interest Held
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14 BUSINESS INTEREST TRANSFERRED TO IMMEDIATE FAMILY MEMBER: IF NONE, check this box.

Business (Name and Address):	Interest Held:
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Transferee (Name and Address):	Relationship:
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Date Transferred:

**This form must be SIGNED AND DATED and contain your NAME in order to be accepted.**

Information represents disclosure for the calendar year 2011.

\*Signature:

*Kevin M Dougherty*

*AMENDED*

Date: **MAY 1, 2012**

**7. CREDITORS:**

FORD MOTOR CREDIT CO. P.O. BOX 3076, COLUMBIA, MD 21045 0% Interest

**8. SOURCE OF INCOME:**

COMMONWEALTH OF PA  
LIFESTYLEMOVES BENEFITS INC.

HARRISBURG, PA  
HUNTINGDON VALLEY, PA